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###### Understanding You

###### N1: Assessment of Mental Capacity

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| **This form is to be used to record assessments of capacity where a significant decision is required and there is a concern that the person may not be able to make it themselves. It can be completed by any professional involved in the decision-making process, not necessarily the decision-maker.**  The assessor can seek the views of others who know the person to help them (see MCA Code of Practice 4.51 – 4.54). Referrals to specialist mental health or learning disability professionals may be needed in some particularly complex cases but it is expected that social care staff will have the necessary skills to be able to make mental capacity assessments in most situations. Where a referral for specialist advice is thought to be necessary, the request must make it clear that the decision maker is not asking for a formal mental capacity assessment but rather for assistance in reaching their own conclusions.  The main exception to this principle is where the mental capacity assessment is likely to be subject to legal scrutiny, for example, as evidence relating to a Court of Protection application. In these cases the Court will expect to see a formal mental capacity assessment that has been undertaken by a psychiatrist.  The capacity assessment has two components:   1. Functional test = are they practically able to make this decision? If not, 2. Impairment test = what is the cause of the inability to make this decision? |

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| **Person this decision is about** | | | | | |
| Last name |  | | First name | W | |
| AIS number |  | NHS number |  | RIO number |  |
| Date filled in | 20/12/2021 | Location of mental capacity assessment | | Home address | |

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| **Mental capacity assessor details** | | | | |
| Name | R | Job title | | Social Worker |
| Profession | Social Worker | | | |
| Organisation and address | Sedgemoor and West Somerset Team, Adult Social Care | Phone number | |  |
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| **Decision required** (Please be as specific as possible) | | | | |
| To determine whether W acknowledges the concerns raised with Adult Social Care around her unmet needs at home, also own safety in the community; to establish whether she understands her care needs and the level of support W requires to ensure her physical safety and mental wellbeing. To consent to having he care needs met within a Specialist Residential Care (SRC) placement. | | | | |
| When does the decision need to be made? | | | | |
| As soon as possible to ensure that W receives appropriate support for her care needs. | | | | |
| Who is concerned that this person may lack capacity to make the above decision? | | | | |
| R- Social Worker undertaking the MCA  B - ASCP  C- Community Psychiatric Nurse  K- allocated Social Worker | | | | |
| What is the reason for their concern? | | | | |
| * W’s mental health * Increased anxiety, confusion and short-term memory (W is unable to retain information even for short periods of time) * W’s inability to recognise the potential risks and dangers within the community * Recent episodes of wandering in the community where the Police were in attendance | | | | |
| Has the person given consent for this assessment to take place? | | | Yes | |

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| **The assessment** | | | | |
| **Section 1**: The four stage functional test | | | | |
| 1.1 | **Does the person understand the relevant information about the decision to be made?** | | | No |
| What is the information the person needs to understand to make this decision? | | | |
| * Safety at home and when accessing the community and past wandering episodes * Risks around daily living in between the care visits or during the time she’s left with no support * The level of care and support W requires to have her care and support needs met * W’s mental health/ cognition and her care needs * W’s current care arrangements and alternative settings that can be explored for a better outcome | | | |
| How was the information communicated to them?  (for example, use of sign language or an interpreter, printed documents including pictures, easy read, large print or Braille formats) | | | |
| Verbally, during a home visit with Brigitte, previous worker involved with W.  Dave from Rethink was also present in the property on our arrival.  W is able to express her views and wishes. However, she was unable to follow the conversation and provide pertinent answers to our questions. | | | |
| What is the evidence that they do or do not understand this information? | | | |
| We spent a good amount of time with W and explained her the reason for our visit. We discussed about her current support and informed W that her friend Amitab and the professionals involved in her care are worried that she’s not safe living on her own. W asked: “what is safe? Are you safe?”. I needed to get some more information on W’s understanding of being safe; therefore, I asked her what she would do if a fire started in the kitchen. W’s response was: “I am here, in the kitchen, I would do nothing. I don’t know!”. I reminded W of her recent episode of wandering and being brought home by the Police. W declined that the incident took place and kept repeating: “no, no”. She then discussed about two people who had a sling, conversation that we were unable to decipher.  I tried to ascertain the support W was getting from carers. W advised: “carers come in all the time; do they help? I don’t know! Who helps you? I am 14 (while counting on fingers), maybe less than that. “ Brigitte then reminded W that she is in her 80s to which W replied: “this is like a baby, you’re stupid.”  W presented with anxiety during our assessment and asked us to leave her alone on several occasions.  She could not remember how long she lived in her current property, nor that she pays rent to a private landlord. Despite Brigitte explaining to W her current home status and private arrangements, W was unable to retain anything.  W appears to be disorientated to time and was unable, even with prompting, to recall the year we are in. W could not remember that the little blonde girl in the photos was her niece and although she mentioned Dave from Rethink many times during our conversation, she was unable to recall his name and his role. W has shown us a pocket folder that contained bank statements and financial information. W recalled that “this was done for a long time, by him” but was unable to indicate or read the bank statement when Brigitte asked her what the document was.  W did not seem to understand the risks around her physical safety or mental wellbeing without appropriate support in place. Although physically she seems quite mobile and independent, W’s cognitive impairment appeared to be quite significant. | | | |
| 1.2 | **Can the person retain the relevant information for long enough to think about and make the decision?**  (Aids to memory can be used such as a notebook, photograph, video recording, voice recording, written document, computer) This question is not about their memory in general, just in relation to the information for this decision. | | | No |
| What is the evidence that they can or cannot retain the relevant information? | | | |
| We offered W the option to move to a care home where she can socialise with the others and be cared for. We explained that she’ll have her own room which she can personalise as she wishes. I informed W that she will still have her independence to do whatever she wants but will have better support in place. W did not appear to understand the concept of a care home, although we explained it using simple terms. W clearly advised that she does not want to move somewhere else. She also became unsettled as we tried to explain how concerned everyone is for her safety and why we felt that she would be better off in a care home. W angrily replied: “I am not a little girl! Bla ba ba, just leave me alone. I don’t need you telling me what I have to do. You’re that fantastic. Why don’t you go visits other people?.  Short-term memory was very obvious during our visit. Despite reminding W several times my role and the reason for our visit W kept asking: “who are you?”.  W could not recall recent safeguarding incidents reported by members of public, nor the concerns raised by the professionals involved in her care and support. She was unable to advise the support the carers are providing her with.  W advised that a man dropped some food parcels off, but she appeared confused about who the person was; she also mentioned Dave and two little girls in a muddled conversation. When I asked W whether she remembered our conversation, W replied: “these things (whilst pointing out to the food parcels) are these things”, “you want me and that man”, “I am not well here and there (while rubbing against her tummy and chest)”. | | | |
| 1.3 | **Can the person use or weigh the information as part of the decision making process?**   * Evaluate the information by weighing up the likely consequences of the choices available * Use the information to make a decision * Decide without undue influence, persuasion or to please another | | | No |
| What is the evidence that they can or cannot use or weigh the relevant information? | | | |
| I do not believe that W can use the information as part of the decision making process as she is unable to understand that her safety can no longer be maintained in the community. She is disorientated within wider community, cannot retain that she now requires a higher level of support that can be achieved through a home care package.  She cannot retain the information around the care and accommodation options we explored and is unable to understand the consequences of not receiving adequate care and support. She also lacks insight in most of her care need and risks to her safety. | | | |
| 1.4 | **Can the person communicate their decision by any means?** | | | Yes |
| What is the evidence that they can or cannot communicate their decision? | | | |
| W expressed that she does not want to move somewhere else. | | | |
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| **Additional information** | | | | |
| **Give details of any additional actions taken to enhance the person’s ability to participate in the decision-making process** | | | | |
| W was provided with emotional support and reassurance during our visit.  She was given sufficient time to respond and was prompted with examples and clues.  The visit took place at W’s flat where she feels safe and comfortable.  Face masks were worn to reduce virus transmission. | | | | |
| **Give details of any specialist opinions sought in making this assessment**  (for example, from a psychiatrist or other mental health practitioner, a psychologist, a speech and language therapist). Please attach any relevant documents. | | | | |
| W has a diagnosis of Dementia/Alzheimer's and has a significant cognitive impairment and word finding difficulties. She finds it very difficult to follow instruction and sequence tasks. Each task needs to be broken down for her in stages, as demonstrated by Emma Emmins (OT, CMHT) kitchen assessment. | | | | |
| **If the answer to any of the questions in 1.1 – 1.4 is ‘No’ this means the person is regarded as functionally unable to make the decision and you should proceed to the second stage of the assessment below.** | | | | |
| **Section 2**: **The impairment test** | | | | |
| 2.1 | **Does the person have an impairment of, or a disturbance in, the functioning of their mind or brain?** | | | Yes |
| If yes, what is the evidence for this impairment of disturbance? Do they have a diagnosed condition such as a learning disability or dementia? | | | |
| W has been diagnosed with Dementia/ Alzheimer's. Over the last few months W’s mental health has deteriorated considerably. | | | |
| The impairment or disturbance is: | Permanent | Please comment: | |
| Dementia/ Alzheimer’s is a progressive disease, which means the symptoms develop gradually over many years and eventually become more severe. It affects multiple brain functions. | | | |
| 2.2 | **Is this impairment or disturbance the likely cause of their inability to make this decision?** | | | Yes |
| What is the evidence for this? | | | |
| Evidence of W’s poor short-term memory and difficulty with executive functioning tasks. W also struggles to retain new information. | | | |
| **If their inability to make the decision is probably caused by the impairment or disturbance identified in 2.1 this meets the MCA definition of lacking mental capacity and the decision-maker should proceed to make a best interests decision by consultation with the people who have an interest in their welfare. Please see the appropriate guidance for making and recording best interests decisions.** | | | | |
| If their inability to make this decision is probably caused by some other factor they will not be regarded as lacking mental capacity under the Mental Capacity Act and a best interests decision **cannot** be made.  Please describe what you believe to be the cause of the inability to make this decision. | | | | |
| It is my professional opinion that W lacks capacity to make care and accommodation decisions and this is likely due to her Dementia/ Alzheimer’s condition. W had already displayed specific symptoms like memory problems (i.e. forgetting about recent conversations/ events), confusion, disorientation and anxiety.  W presented with difficulty around planning or decision making due to being unable to understand and retain pertinent information. | | | | |
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| **This form should be stored in the person’s electronic social care records** | | | | |